## UNITED STATES DISTRICT COURT

|  |   |   | District of                           |  | Alabama  |  |  |  |  |
|--|---|---|---------------------------------------|--|--|--|--|--|--|
|  |   | Middle  | District of                           |  | MICENED  |  |  |  |  |
|  | JOWEL S. NUNN AIS# 204088  Plaintiff  V.  |   | WI                                    | PLICATION TO<br>THOUT PREPA<br>ES AND AFFIDA | YMENT OF MAILY A 4: 22   |  |  |  |  |
|  |   |   | r.c.                                  | ES AND MITE.                                 | A S. DISARICT COURT<br>AS. DISARICT COURT<br>SUBBLE DISTINCT ALA |  |  |  |  |
|  | SUBD1   | A COUNTY COMMISSION,<br>VISION AND GREGG WARD<br>NEVA COUNTY ALABAMA<br>Defendant | O, SHERIFF CAS                        |  | 26CV 452-M   |  |  |  |  |
| γ:<br>Τ •  | JOMET .   | s. nunn   |                                       | declare that I am th                         | e (check appropriate box)  |  |  |  |  |
| , —<br>▼√ n  | etitioner   | /plaintiff/movant   | □ other                               |  | C Sees on costs  |  |  |  |  |
| petitioner/plaintiff/movant  |   |   |                                       |  |  |  |  |  |  |
| Inc  | unnort o  | f this application, I answer  | the following questic                 | ons under penalty of                         | perjury:   |  |  |  |  |
|  | ۸ ۵۰۰ ۲۷۵۱  | u currently incarcerated?   | 🗽 Yes                                 |  | (11 1.0, 5   |  |  |  |  |
| 1.   |   |   | ncarceration <b>VENTR</b>             | ESS CORRECTIONAL                             | FACILITY   |  |  |  |  |
|  | If "Yes," state the place of your incarceration  Are you employed at the institution? NO  Do you receive any payment from the institution? NO  Are you employed at the institution? NO  NO  Do you receive any payment from the institution? NO |   |                                       |  |  |  |  |  |  |
|  | Are yo  | u employed at the institution   | on: No from inc                       | varceration showing                          | at least the past six months'                                    |  |  |  |  |
|  | Attach  | a ledger sheet from the ins   | stitution(s) of your mo               | 1001011011                                   |  |  |  |  |  |
|  | transac   |   | ∵ Yes                                 | 🗵 No   |  |  |  |  |  |
| 2.   | Are you currently employed?   |   | to amount of your take                | e-home salary or wa                          | es and pay period and give the name                              |  |  |  |  |
|  | a. If   | the answer is "Yes," state t<br>nd address of your employ                         | er.                                   |  | y or wages and pay period and give the name                      |  |  |  |  |
| b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wage and pay period and the name and address of your last employer. |   |   |                                       |  |  |  |  |  |  |
|  | . In the past 12 twelve months have you received any money from any of the following sources?   |   |                                       |  |  |  |  |  |  |
| 3.   | In the  | e past 12 twelve months ha  | ve you received any n                 | ☐ Yes  | 🖄 No   |  |  |  |  |
|  | a. I  | Business, profession or oth   | er self-employment                    | ☐ Yes  | <b>☑</b> .70   |  |  |  |  |
|  | b. ]  | Rent payments, interest or Pensions, annuities or life                            | dividends                             | ☐ Yes  | ∑ No   |  |  |  |  |
|  | c. ]  | Pensions, annuities of the light properties. Disability or workers comp           | pensation payments                    | ☐ Yes  | ☑ No   |  |  |  |  |
|  | d   | Gifts or inheritances   | · · · · · · · · · · · · · · · · · · · | ☐ Yes  | <b>⊠</b> No<br>□ No ·  |  |  |  |  |
|  |   | Any other sources   |                                       | ▼ Yes  |  |  |  |  |  |
|  |   |   |                                       |  | and state the  |  |  |  |  |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

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I PERIODICALLY RECIEVE SMALL MONETARY AMOUNTS FROM MY FAMILY FOR HYGIENE PURPOSES WHICH ARE PURCHASED OFF THE PRISON CANTEEN

| •   | FIX-  |   |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|
| 4.  | Do you have any cash or checking or savings accounts?   |   |  |  |  |  |  |  |
|     | If "Yes," state the total amount. PRISON ACCOUNT  |   |  |  |  |  |  |  |
| 5.  | Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?   Yes  No                      |   |  |  |  |  |  |  |
|     | If "Yes," describe the property and state its value.  |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
| 6.  | List the persons who are dependent on you for support, state your relationship to each person and indicated how much you contribute to their support.  NONE |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     | i   |   |  |  |  |  |  |  |
| I d | clare under penalty of perjury that the above information is true and correct.  |   |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |
|     | 5-12-06 Parel Scarsing Num \$ 204088  | _ |  |  |  |  |  |  |
|     | Date Signature of Applicant   |   |  |  |  |  |  |  |

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

| . •                          | I declare under penalty of perjury that the foregoing is the and confect.   |
|------------------------------|---|
| •                            | Executed on(date)   |
|                              |   |
|                              | Javel S. Num 204088   |
| _                            | Signature of Affiant Bed 56-B   |
| -                            | Dom-11  |
|                              | CERTIFICATE   |
| account<br>he is a<br>securi | I hereby certify that the plaintiff herein has the sum of \$ 55.83 on to his credit at the <u>longer longitude</u> institution where confined. I further certify that plaintiff likewise has the following ties to his credit according to the records of said institution: |
|                              | N/H   |
| instit<br>(not t             | I further certify that he has had the average sum on account at this ution as of the first day of each month of the immediate preceding months o exceed six (6) months.  1. \$  |
|                              | Authorized Officer of Institution   |
| DATE_                        | 5/17/06   |

## 

STATE OF ALABAMA DEPARTMENT OF CORRECTIONS VENTRESS CORR FAC

AIS #: 204088 NAME: NUNN, JOWEL

AS OF: 05/17/2006

| MONTH   | # OF<br>DAYS                           | AVG DAILY<br>BALANCE   | MONTHLY<br>DEPOSITS   |  |
|---|--|--|---|--|
| <br>MAY<br>JUN<br>JUL<br>AUG<br>SEP<br>OCT<br>NOV | 14<br>30<br>31<br>31<br>30<br>31<br>30 | \$0.00<br>\$0.00<br>\$26.24<br>\$166.48<br>*175.55<br>\$75.27<br>\$29.98 | \$0.00<br>\$0.00<br>\$271.15<br>\$50.00<br>\$350.00<br>\$180.00<br>\$100.00 |  |
| DEC<br>JAN<br>FEB<br>MAR<br>APR<br>MAY            | 31<br>31<br>28<br>31<br>30<br>17       | \$66.45<br>\$122.30<br>\$59.76<br>\$71.99<br>\$109.81<br>\$84.27         | \$190.00<br>\$250.00<br>\$100.00<br>\$100.00<br>\$320.00<br>\$100.00        |  |